

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P23196 (9)**  
 1. Corporation Name  
**NBS IMAGING SYSTEMS, INC.**



Principal Place of Business: **PO BOX 8490 FORT WAYNE IN 46898**  
 Mailing Address: **PO BOX 8490 FORT WAYNE IN 46898-8490**

3. Date Incorporated or Qualified: **03/01/1989**      3a. Date of Last Report: **03/14/1996**  
 4. FEI Number: **94-2278596**      Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30  
 Suite, Apt. #, etc.  
 City & State  
 Zip      Country

**9. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City      85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ALEXANDER MARK W.</b>	
STREET ADDRESS	<b>7015 POINT INVERNESS WAY</b>	
CITY-ST-ZIP	<b>FORT WAYNE IN</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KARL LAPAN</b>	
STREET ADDRESS	<b>1530 PROGRESS ROAD</b>	
CITY-ST-ZIP	<b>FORT WAYNE IN</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CASGRAIN, TIMOTHY</b>	
STREET ADDRESS	<b>3220 ORLANDO DRIVE</b>	
CITY-ST-ZIP	<b>MISSISSAUGA, ONT., CA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P KARL LAPAN</b>
1.3 STREET ADDRESS	<b>1530 PROGRESS ROAD</b>
1.4 CITY-ST-ZIP	<b>FORT WAYNE, IN 46808</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V John Tornblom</b>
2.3 STREET ADDRESS	<b>1530 PROGRESS ROAD</b>
2.4 CITY-ST-ZIP	<b>FORT WAYNE, IN 46808</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed or changed with an address.

SIGNATURE: *Karl Lapan*      **KARL LAPAN**      *Resident 4/23/97 319-484-8611*

CR2E034 (9/96)